



CORPORATION

L-C
(01/2016)

This Corporation form should be completed for original applications or for changes of officers, directors, stockholders, trustees, and beneficiaries holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use Business Packet for Reporting Changes (L-BRC).

For more information contact your local TABC office or visit us at: www.tabc.texas.gov

ENTITY INFORMATION

1. Federal Employer Identification Number (FEIN)

2. Business Entity Name

3. Filing Number

4. Date Filed (mm/dd/yyyy)

State

Class and Number of Shares Issued

CORPORATE OWNERSHIP INFORMATION

☐ Officer ☐ Director ☐ Stockholder ☐ Trustee/Beneficiary

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

☐ Officer ☐ Director ☐ Stockholder ☐ Trustee/Beneficiary

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

☐ Officer ☐ Director ☐ Stockholder ☐ Trustee/Beneficiary

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

☐ Officer ☐ Director ☐ Stockholder ☐ Trustee/Beneficiary

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

CORPORATE OWNERSHIP INFORMATION *CONTINUED*☐ Officer ☐ Director ☐ Stockholder ☐ Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

Last Name First Name MI Title

☐ Officer ☐ Director ☐ Stockholder ☐ Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

Last Name First Name MI Title

☐ Officer ☐ Director ☐ Stockholder ☐ Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

Last Name First Name MI Title

☐ Officer ☐ Director ☐ Stockholder ☐ Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

Last Name First Name MI Title

☐ Officer ☐ Director ☐ Stockholder ☐ Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

Last Name First Name MI Title

☐ Officer ☐ Director ☐ Stockholder ☐ Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

Last Name First Name MI Title

☐ Officer ☐ Director ☐ Stockholder ☐ Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

Last Name First Name MI Title

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE